

*** Monthly Accident Report ***

Contractor Name:

Specifications No.:

Attn: Safety Office
Bureau of Reclamation
MP Construction Office
1140 West Wood St.
PO Box 988
Willows, CA 95988

Phone: 530-934-7066 Ext. 376 or 353

FAX: 530-934-7679

Email: lcarmon@mp.usbr.gov

Listed below are accident report data for the month of _____

Average number employed: _____ Total man-hours for month: _____

Number of first aid cases: _____ Number of medical treatment cases: _____

Number of lost time injuries: _____ Days lost***: _____

Number of property damage incidents: _____ (Where dollar loss was in excess of \$2,500.)

Name	Occupation	Date of Injury	Type of Case	Nature of Injury

(FA = First Aid Only, NLT = Medical Attention Injury, LT = Lost Time Injury)

Number of Five-Minute Safety Meetings: _____

Other Safety meetings (supervisory, group, special, etc.): _____

Remarks: _____

*** If contract is ending, please put the date of completion:** _____

**** NO LATER THAN THE THIRD DAY OF EACH MONTH.** Submit original to the US Bureau of Reclamation.

***** Lost workdays:** Lost workdays should be computed as the actual number of days the employee(s) would have worked, but could not because of an occupational injury or illness. "Excluding fatalities."

Contractor's Authorized Representative

Date